

CITY OF MUSKEGON

Inspection Services

933 Terrace St, P.O. Box 536

Muskegon, MI 49443-0536



APPLICATION FOR RENTAL DWELLING REGISTRATION - 2009

RENTAL PROPERTY ADDRESS _____

NUMBER OF DWELLING UNITS _____

Property Owners Name: _____
(If Corporation or Joint Ownership, give name of principal officer or Resident Agent on reverse side)

Owners address: _____

Home Telephone: _____ Work Telephone: _____

Email Address: _____

Drivers License Number: _____ State: _____ Date of Birth: _____

NOTE: Pursuant to Section 10-351(a) of the city's property maintenance code, "any owner who does not reside within thirty (30) miles of the city shall designate a responsible local agent who shall be legally responsible for operating such dwelling in compliance with the law, including this code".

Local Agents Name: _____
(If Corporation or Joint Ownership, give name of principal officer or Resident Agent on reverse side)

Local Agents address: _____

Home Telephone: _____ Work Telephone: _____

Email Address: _____

Drivers License Number: _____ State: _____ Date of Birth: _____

Local Agent's Signature: _____ Date: _____

I hereby certify that I am the owner, or land contract purchaser for the above rental; property location. Application is hereby made for Rental Dwelling Registration. Chapter 10 of the Muskegon Code of Ordinances requires periodic inspection of rental properties and payment of all fees.

Signed _____ Date: _____

NOTE: *Rental Dwelling* is defined by ordinance as any dwelling unit which is not occupied by the owner

PROPERTY OWNER INFORMATION (Corporate Information)

(If Corporation or Joint Ownership, give name of principal officer or Resident Agent)

Property Owners Name: _____

Owners address: _____

Home Telephone: _____ Work Telephone: _____

Email Address: _____

Drivers License Number: _____ State: _____ Date of Birth: _____

LOCAL AGENT INFORMATION (Corporate Information)

(If Corporation or Joint Ownership, give name of principal officer or Resident Agent)

Local Agents Name: _____

Local Agents address: _____

Home Telephone: _____ Work Telephone: _____

Email Address: _____

Drivers License Number: _____ State: _____ Date of Birth: _____

Registration Fees are calculated on each property:

Single Dwelling	\$ 35.00
Duplex (2 Dwellings)	\$ 40.00
Three Dwellings	\$ 50.00
Over 3 Dwelling	\$ 50.00 + \$5.00 for each unit over 3

Registration fees payable to: City of Muskegon * Inspections Department * P.O. Box 536 * Muskegon, MI 49443-0536